

PROJECT 10073 RECORD CARD

1. DATE 13-27 Sep 59	2. LOCATION Ripley, West Va.		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 1830-1930 Local GMT _____	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		
7. LENGTH OF OBSERVATION about 1 hr	8. NUMBER OF OBJECTS one	9. COURSE East to West	
10. BRIEF SUMMARY OF SIGHTING Oblong obj changing color fm red to blue w/plain outline visible every other night for about two weeks fm same location. Obj larger than star. Faded into distance. Motion seemed to revolve or tumble. Direction generally East to West. Witness considered unreliable.		11. COMMENTS Motion & general description conform to balloon observations. No wind or weather data received, however the prevailing wind is generally East at alt & the winds would be wrong. for this type of observation. Case not investigated further because of reliability of witness. Considered as insufficient data.	

U. S. AIR FORCE TECHNICAL INFORMATION SHEET
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME [REDACTED]
(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE _____

DATE 27 Sept 59

Requests to be contacted regarding
this report.

SUNSET

SEP 12

1815 EST @ 75° LONG.

1843 LOCAL @ 82° LONG

SEP 27

1750 EST @ 75° LONG.

1818 LOCAL @ 82° LONG.

END EV. TWILITE

SEP 17

1849 EST @ 75° LONG

1917 LOCAL @ 82° LONG

SEP 27

1836 EST @ 75° LONG.

1904 LOCAL @ 82° LONG

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1430 EST To 1430 EST

1. When did you see the object?

Post Two weeks 1959
Day Month Year
Sept

2. Time of day: 1930 to 2030

Hour Minutes
every other night
(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

Ripley

City or Town

WVA

State or Country

Additional remarks:

5. Estimate how long you saw the object.

Hours

Minutes

Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight
b. Dull daylight
c. Bright twilight

d. Just a trace of daylight
e. No trace of daylight
f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight No Moon
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

a. Yes

b. No

c. Don't remember

seems to have a light
changing from blue to red.
not steady

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

seems to revolve or tumble

(Circle One for each question)

- | | | | |
|---|------------|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't Know |
| c. Break up into parts or explode? | Yes | No | Don't Know |
| d. Give off smoke? | Yes | No | Don't Know |
| e. Change brightness? | <u>Yes</u> | No | Don't Know |
| f. Change shape? | Yes | No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

Moves East to West

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved in front of:

14. Did the object appear:

(Circle One):

a. Solid?

b. Transparent?

Yes Don't Know.

15. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------------|------------------|----|
| a. Eyeglasses | Yes | No | <u>a. Binoculars</u> | <u>Yes</u> | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other | <u>naked eye</u> | |

16. Tell in a few words the following things about the object.

- a. Sound No
- b. Color Object itself changes colors blue to red

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

oblong -

18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other Plain outline

19. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

*much larger - than an end. star.
+ much brighter*

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
_____ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- | | |
|------------------|------------------|
| a. Head of a pin | g. Silver dollar |
| b. Pea | h. Baseball |
| c. Dime | i. Grapefruit |
| d. Nickel | j. Basketball |
| e. Quarter | k. Other _____ |
| f. Half dollar | |

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- | | |
|-------------------|------------------|
| a. Certain | c. Not very sure |
| b. Fairly certain | d. Uncertain |

23. How did the object or objects disappear from view? *seem to travel away,*
fade away in distance but on same
course.

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- ☒ c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other on top of a hill

27. What were you doing at the time you saw the object, and how did you happen to notice it?

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- | | | | |
|--------------|--|--------------|--------------------|
| a. North | <input checked="" type="radio"/> c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|--|
| a. North | c. East | e. South | <input checked="" type="radio"/> g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

Day

Month

Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

*several people
8-10
family & friends*

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

fairly slowly

IF you answered YES, then what speed would you estimate?

_____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was?

_____ feet.

41. Please give the following information about yourself:

NAME

_____ Last Name

_____ First Name

_____ Middle Name

ADDRESS

_____ Street

Ridley City

_____ Zone

WVA State

TELEPHONE NUMBER

What is your present job?

Age

Sex

F

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school _____

(Type) _____

c. College _____

f. Other special training _____

d. Post graduate _____

42. Date you completed this questionnaire:

_____ Day

_____ Month

_____ Year